Exact statement of OCCUPA-T RECORD. Every item of infor-PHYSICIANS AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TH UNFADING INK-THIS IS A PERMANE MARGIN RESERVED FOR BINDIN

TION is very important. See instructions on back of certificate. mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12040
1. PLACE OF DEATH	na.
County Haifyrd.	Registration Dist. No. 182
Village or City Mac Bel Cu Mid	No. Courty Home St., Ward
Length of residence in city/o/ town/where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Sohre Genrell	
(a) Residence: No. County Home	St., Ward.
(Usua/place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OW DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from 1932 to Prov 18 1932
6. DATE OF BIRTH (month, day, and year)	162st saw harma alive on 200 16, 1932; daath is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et _ / Q _ A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER. Flavour SAWYER, BODKKEEPER, etc	Cerebral Hemonloge "/18/92
12. BIRTHPLACE (city or town) (State or country)	Dther Contributory Causes of importanca:
13. NAME Thrusas Barrell	
ha l	Name of operation Date of
14. BIRTHPLACE (city or town)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Aara Smith 16. BIRTHPLACE (city or town) 2 miles (State or country)	23. If daath wes due to external causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide?
17. INFORMANT Clark His patrich (Address) Bel all mod	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Duckly Home Date WV 19, 19 3 7	Mannar of injury
19. UNDERTAKER Seaux Voster Belling	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED MOV. J. 9., 19.32. V. G. Chambers Registrar.	(Signed) (Addrass) A Color Man D. (Addrass) A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	s follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	DEC 2 1835	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	Taring Taring	3 days ago
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

00

V. 80

CERTIFICATE OF DEATH Registration Dist. No. 8 / (If death occurred in a hospital or finitistic processing of the proces	PLACE OF DEATH	STATE OF MARYLAND
Village or City Whileford (No. St: Ward) a hospital or institution, give stee NAME institution, give steen NAME institution, give steen NAME institution, give steen NAME institution, give name institution, give steen NAME institution, give steen NAME institution, give name instituti	County Harland.	
Village or City Whileford (No. St: Ward) anoptal is not coursed in the appetal of the property of the propert		
PERSONAL AND STATISFIEL PARTICULARS SEX A COLOR OF RACE DIFFERENCE (Write the word) FORMER OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry Dusiness or establishment in which employed or (employer) D BIRTHPLACE (State of country) TO NAME OF FATHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State of country) A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) To Clude of Burstal District of Burstal In the Owner of Galding Profession of Country of	white I	
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE Manuall Manual M	Village or City / (No	a hospital or institu-
3 SEX A COLOR OR RACE WINDOWED. WINDOWED. Winter the word G OATE OF BIRTH W	2 FULL NAME Mary & Barlon	tion, give its NAME ir - stead of street and number.)
Toward While Witowed Composition (Write the word) 6 DATE OF BIRTH WY JONES OF BIRTH OF BIRTH OF MY KNOWLEDGE (Informant) White the word When	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OATE OF BIRTH AND WIND (Day) (Vest) TAGE If LESS than I day, hrs. 1932 to More the deceased from I day, hrs. 1932 to More the date stated above, at 2 mm. 1932 to More the date stated above, at 2 mm. 1932 to More the date stated above, at 2 mm. 1932 to More the date stated above, at 2 mm. 1932 to More the date stated above, at 2 mm. 1932 to More the date stated above, at 2 mm. 1932 to More the date stated above, at 2 mm. 1932 to More the date stated above, at 2 mm. 1932 to More the date stated above, at 3 mm. 1932 to More the date stated above, at 3 mm. 1932 to More the date stated above, at 4 mm. 1	MARRIED. (1/1/1)	
I HERBY CERTIFY, That I attended the deceased from 1923 to 192	-Harrison Attanta Chowares	
TAGE State or country		
TAGE If LESS than day	Due 1st su	74 15 - 2
TAGE STACE If LESS than I day hrs. or min.? STACE STA	(Month) (Day) (Year)	20
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry Dusiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF FATHER 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed MAY 1982 16 MAY 1982 17 MARCH OF BURIAL (Address) A DRIED BURIAL (Address) DATE OF BURIAL (ADDRESS)		
BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State of country) 12 MAIDEN NAME OF FORMER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 15 Filed 16 COLUMN TARGET AND COLUMN TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 16 PATHER MACHAEL STATES ADARESS ADA		
(a) Trade, profession or particular kind of work (b) General nature of industry (business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAJIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed (Address) 16 TATER (Address) (Addr	yrs. 9 mos. /3 ds. or min.	
Destricular kind of work (b) General nature of industry business, or establishment in which employed or (employer). Description of the property of the proper	8 OCCUPATION (a) Trade, profession or	bed age
Duration) Jis Birthplace OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) Date of Mother (Informant) (Address) Date of Burial Date of Buri	Oparticular kind of work	Orterior selevisio and sangress of his.
which employed or (employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed MALL 1932 15 Filed Contributory Secondary (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Man (Durstion) (Means of Injury and (C) Whether Accidents, Sucidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence (Address) DATE OF BURIAL ADARESS ADARES ADARESS ADARESS ADARESS ADARESS ADARESS ADARES A	(b) General nature of industry business, or establishment in	O cuso?
Secondary Secondary (Durstion) (Signed) (Signed) (Signed) (State or country) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (State or country (State or country) (Signed) (which employed or (employer)	
Signed) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Informant) (Address) (Address) (Informant) (Informan		Secondary
11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 16 MOV. 181932 17 1922 (Address) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death. Where was disease contracted, if not at place of death? 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death. Where was disease contracted, if not at place of death? Filed 18 Filed 19 PLOE OF BURIAL OF REMOVAD DATE OF BURIAL 20 ON DERTAKER ADDRESS Regibtrar ADDRESS ALL ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ALL ADDRESS ADDRES		ME LITT
*State the Disease Causing Death, or, in the this from Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant) (Address) *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents) In the State Translients or Recent Residents At place of death Translients or Recent Residents (Informant) (Informant) (Address) *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. *In the State Translients or Recent Residents *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. *In the State Translients or Recent Residents *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. *In the State Translients or Recent Residents *In the State Translients or R	ATTIC OU TOUR TOU	17/ 22
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the State yrs	OF FATHER	AV
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the State yrs	Z (State of country)	Violent Causes, state (1) Means of Injury and (2) Whether
At place of death	V OF MOTHER PROVING MAINTE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
(State or country) IA THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Addr	1/ //	At place In the
(Informant) O. Karloy Burial of Removal Date of Burial (Address) Della January 1992. 15 Filed Nov. 18 1982. H. J. S. M. Pall 20 ON DERTAKER Registrar Registrar Registrar		of death
(Address) Delle De usual residence 19 PHE OF BURIAL OF REMOVAD 15 Filed Nov. 18 1982. H. J. S. M. Palle Delle De	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Address) Della Ja 19 PACE OF BURIAL SPREMOVATO DATE OF SPREMOVATO	and of a destant	
Filed Nov. 18 1982 H. J. S. M. Chable 20 ON DERTAKER ADDRESS Della Ta	(Informant)	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Filed 100. 18 1982 M. V. V. W. (Malo) Wy flam Della Ta	(Address) NOW JO	Kall / Ciagle Cents 4NV 19, 1932
- Colored Space - Space - A	Filed /100. /8-1982 7 . X. V. Y/ (Maxx	20 ON DERTAKER ADDRESS ADDRESS
	4	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the laborer, er," etc., nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, (b) Automobile factory. The materia For persons who have no occupation Stationary fireman, etc. Architect, Locomotive engineer, But in (6)

s; inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospina Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia, Bronchopneumonia ("Pneumonia," to time and causation), using always the same accent-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS (the only definite synonym is "Epidemic cerebro" Bronchopneumonia

> American Medical Association.) use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, as fracture of skull, carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL pcritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; μ. (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need Chronic and consequences (e. g., sepsis, chopncumonia (secondary), The nature of the injury, valvular heart etc. The contributory Measles; not be disease; ctc., or

data is essential and must be answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions obtained before the certificate is

permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DE 220 JO bluods County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_ PHYSICIAN ECORD. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH DIVORCED (write the word) (Day) (Year) 5a, If marriad, widowed, or divorced HUSBAND of CERTLAY. That I attended deceased from (or) WIFE of BIND 6. DATE OF BIRTH (month, day, and year) certificate death is said 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at-I day.....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, RESERVED SAWYER, BDOKKEEPER, etc. back may Industry or business in which work was dona, as SILK MILL, bluods SAW MILL, BANK, etc 10. Dato decaasad last worked at On 11. Total time (years) this occupation (month and spant in this that instructions occupation_ Other Contributory Causes of importance 12. BIRTHPLACE (city or town MARGIN (Stata or country) HER 13. NAME FAT See 14. BIRTHPLACE (city or town) Name of operation. plain (Stata or country) carefully What test confirmed diagnosis? Was there an autopsy?____ HER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: MOTI TH Accident, suicide, or homicide?______ Date of Injury______19 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?. DEA be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL, Manner of Injury WRITE CAUSE mation TION Nature of injury 24. Was disease or injury In any way related to occupation If so, specify B Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- Idention	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS DI INISICIAN

PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTEX properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be WRITE PLAINLY,

MARGIN RESERVED FOR BINDIN

1. PLACE OF DEATH	A MITTIN CARPORATO LIMI	78 0' Decidentia	12043
County The Corre	1. 0	Registration	Dist. No. 185
Village or City Jagore -	al-Brace	death occurred in a hospital or institution, give its NAN	AE instead of street and number)
Length of residence in city/pr town where o		1/	
2. FULL NAME & da	Biggs		
(a) Residence: No. Obera	10066 1 TX 1	or was	
(a) Residence: No. COO Coo	(Usual place of abode)	St., Ward. If nonresides	nt give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	27 1932
a. If married, widowed, or divorced	Married	(Month)	(Oay) (Year)
HUSBAND of	n ' -	22. I HEREBY CERTIF	Y, That I attended deceesed fr
James	Diggs	11/26 1932 10	1//27 193
. DATE OF BIRTH (month, day, end year)	My 26 1882	I lest saw h LA alive on	27 19 32 deeth is s
. AGE Yeers Months	Days If LESS than	to have occurred on the date stated above, at 423	o Pm.
50 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related can were as follows:	
8 Trade profession or particular	11 . 0	auto Mekhit	Date of on
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etcS	Howife	Ede	
9. Industry or business in which work wes done, as SILK MILL.			
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	11. Total time (years)		
this occupation (month and year)	spent in this		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	occupation	Other Coutributory Causes of Importance:	
2. BIRTHPLACE (city or town) (State or country)	all and		
1 //	B of		
13. NAME Darney 14. BIRTHPLACE (city or town)	p weer		
14. BIRTHPLACE (city or town)	4.10	Neme of operation	0/
1	101 ·	What test confirmed diagnosis?	Wes there en eulopsy? 1
15. MAIOEN NAME	& Breenwich	23. If death was due to external causes (VIOLENCE)	
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	~	Accident, suicide, or homicide?	Date of Injury
(State of country)	ingland.	Where did injury occur? (Specify city of	or town, county and State)
7. INFORMANT Ma. Justil 1 (Address) alerd	und mil	Specify whether injury occurred in INDUSTRY, in H	OME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	. 2	Menner of injury	***********************
Place My Calvay Cerrille	Oate Nov: 30 ,1971	Nature of Injury	
9. UNDERTAKER Servey Jan. (Address)	dden mel	24. Was disease or injury in eny way related to occu	petion of deceased? Marie
0. FILED Nov. 29, 1932 6 Kar	les J. Foley M. D.	(Signed) Lavre	ans M

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributes of insulation			
Other contributory causes of importance:		Other contributory causes of importance:	P 11 11 11
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-TH UNFADING INK-THIS IS A PERMANE T RECORD. Every item of inforstated EXACTLY. properly classified. MARGIN RESERVED FOR BINDIN See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. WRITE PLAINLY,

V. S. No. 1 N. B

STATE OF MARYLAND	CERTIFICATE OF DEATH 12044
1. PLACE OF DEATH	8
County Harkord	Registration Dist. No. / 8 2
Village or City Salvedy Hook	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Collect Welliam	Booker
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , ,
(or) WIFE of	1 HEREBY CERTIFY, That I ettended deceased from
9 1927	1932 to 100 t
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Deys If LESS then	201
5 3 1 dey,hrs.	to heve occurred on the dete stated ebove, etm. The PRINCIPAL CAUSE OF DEATH end releted causes of importance
ormin.	were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Scartolius
19 Industry or business In which	
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Dete deceased lest worked et this occupation (month end spent in this	
year) occupation	Other Coutributary Causes of importence;
12. BIRTHPLACE (city or town) Saudy Hook	Office Countributery Causes of Importance.
(State or country)	
13. NAME James Booker	
13. NAME ame Booker 14. BIRTIPIACE (city or town)	Neme of operation
(Stele of country)	Whet test confirmed diagnosis? Wes there en eutopsy?ko
15. MAIDEN NAME Cosa Trilchal 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
Stete or country)	Where did injury occur?
17 INFORMANT Mrs James Barler	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) B.D. Qur ma	
18. BURIAL, CREMATION, OF REMOVAL	Menner of Injury
Piece Bristol, Jenn, Dete MW14, 1932	Neture of Injury
19. UNDERTAKER Dean Youtur	24. Was diseese or Injury in eny wey related to occupation of deceesed?
(Address) Belain mid	If so, specify
20. FILED TOV 14 1992 NE Richardson	(Signed) Wellard Y. Studson M.D.
Registrat.	(Address) Fourt Gul, ma
76 Li. L	N 00 1 0 . D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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		Example II	
Date of onset	The principal ca of importance w	use of death and related causes ere as follows:	Date of onset
1915		31	1 week ago
1921	Run over by street	car	1 week ago
July 5,1927	Peritonitis	LEECEIVED,	3 days ago
		Fig. descripts of delay in	
	Other contributo	ry causes of importance:	
May 1,1923	Gastroenteritis		1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street July 5,1927 Peritonitis Other contributo	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ż

STAT	E OF MARY	LAND-	CERTIFICATE OF DEATH	1201:
1. PLACE OF DEATH			(93-6)	0 0
County Harfor	d		Registration Dist. No.	82
Village or City Bel	air mol		ND. St.	,War
Length of rasidance in city or tow	on where death occurred 36		f death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME		State	Bro-16-11	
(a) Residence: NoB	elais m	11	St. Ward.	
	(Usual place of		If nonresident give city or town	The same of the sa
PERSONAL AND ST. 3. SEX 4. COLOR OR R			MEDICAL CERTIFICATE OF DEAT	H
male white	S. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH	, 193 <u>2</u>
5a. If merriad, widowad, or divorcad HUSBAND of			22. HEREBY CERTIFY. Thet after	(1681)
(or) WIFE of Corne	lia novis B	radford	22. I HEREBY CERTIFY, Thet latter	
6. DATE OF BIRTH (month, day, end ya	er) Jan 31 - 18	7.56	I last saw h aliwe on, 19	
7. AGE Yaars M	onths Days	If LESS than	to have occurred on the data stated above, et 4.30 A.m.	
76	9 117	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were es follows:	Date of onse
8. Trada, profassion, or particular kind of work done, as SPIN	NER. 2	1	Myocardele , chronia custo	> Date of onse
kind of work done, as SPIN SAWYER, BDDKKEEPER, etc SAWYER, BDDKKEEPER, etc work was done, as SILK MII SAW MILL, BANK, atc	cawye	ν	Duration! one years.	
work was done, as SILK MII	LL,			
Dete decaased last worked at this occupation (month end	11. Total tim	in this		
yaar)	occupa	ation	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) (State or country)	Sallemore			
13. NAME CALLERY	t IIR .	1 ,		
	R. I C.	are -	Name of accounting Page 2	
14. BIRTHPLACE (city or town) (Stata or country)	mal	•	Neme of operation)
15. MAIDEN NAME	saleth Kel	l	23. If death wes due to externel causes (VIOLENCE) fill in also the folio	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Kellville		Accident, suicida, or homicide? Deta of injury	7
(State or country)	mel		Where did Injury occur?(Specify city or town, county and	
17. INFORMANT Elizat	reth Bradfor	g.	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL		19	Manner of injury	
Placa Meen Mov	Date not	7 ,1932	Nature of injury	
19. UNDERTAKER Dean	of Justes	****	24. Was disaese or injury in any way related to occupation of deceased	7 40
(Addrass) Be	Xair ma	A	If so, specify	
20. FILED 2007, 19 1932	U.E. Chan	rliers.	(Signed)	JM.
		Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

BINDIA

RESERVED

MARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

193 2

(Yaar)

Date of onset

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 5 1982			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

properly classified.

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

N. B.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12047
1. PLACE OF DEATH	107-10
County Harford	Registration Dist. No. 151
Village or City Cherdeen	No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance In city or town where deeth occurredyrs	ds. How long in U.S. if of foreign birth?
2. FULL NAME anthony fram Page	26
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (wrise tha word)	100- 21
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. Nov HERTBY CERTIFY: That t attended decassed from
6. DATE OF BIRTH (month, day, and year) Cycrif 4-1932	I last saw h sine alive on non 24 , 1932; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at//i/5-P2-m.
7 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	O O O O O O O O O O O O O O O O O O O
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Swortho- Ineumonia
Mindustry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Deta deceased last worked at 11. Totel time (years)	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Cherhum (State or country)	Othar Contributory Causes of Importance:
13. NAME BALLAN L. Phi	
She c	
(State or country)	Neme of operation
15. MAIDEN NAME Lill: Mar Change	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) Margand	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT He Brief & Che (Addrass) Charles He	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Liston M. E Curry Date tile: 1, 1931	Nature of injury
19. UNDERTAKER Senry Janingtons (Address) Talinadien mo	24. Was disaase or Injury In any way ralated to occupation of deceased? 200
on such for 3v. Jaz Oto Muchand	(Signed) West A Thysele M.D.
Registrar.	(Address) Cleidership

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis DEC 6 1049	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S			
La care year			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ITH UNFADING INK-THIS IS A PERMANEAT RECORD. Every item of infor-illy supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. properly classified. MARGIN RESERVED FOR BINDIN See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. B. WRITE PLAINLY, V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(67)
County Harfance	Registration Dist. No. 182
Village or City Meh Belan mon	ND. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH Morth (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ques 10-1932	I last saw hard alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	THE TANKE THE CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Talent Thymnes Hand Data of one et
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decessed last worked at this occuration (month and spent in this securation from the securation of t	(Conjecture)
11. Total time (years) spent in this occupation (month and yaar) 11. Total time (years) spent in this occupation	Other Contributery Causes of importance:
12. BIRTHPLACE (city or town) Mes Belan (Stata or country)	None
13. NAME Robert Corone	
13. NAME Orbert Correct 14. BIRTHPLACE (city or town) (Stata or country) 7. 6.	Name of operation 72022 Date of What test confirmed diagnosis? Work Was there an autopsy? No
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 16. Significant times the state of the st	23. If daeth was due to externel causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Mus Viole Ward (Address) Belan min	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Issue Celesoful Date Nov 25, 1992	Manner of injury
19. UNDERTAKER Decyny Jostin (Address) Bilan ma	24. Was disease or Injury in any wey related to occupation of deceased? Zco
20. FILED Rov. 24, 1932 NE Richardson. Registrar.	(Signed) M. D. (Address) Selle Lieu need

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Example I

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Example II

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ano Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Harbord	Registration Dist. No.
Village or City UBelan	No. St., Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Orfout Cullism	.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7450 28, 1932	Hast saw h alive on Stillborn 19 death is said
7, AGE . Years Months Days If LESS than	to have occurred on the date stated above, at
muscamentes 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Date of enset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Spillow mise mise
Industry or business in which work was done, as SILK MILL,	D+ 1/1/- 7-12
SAW MILL, BANK, etc.	Qt 4/2 mo)
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
O O O Capation	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) 032 UV. (State or country)	
14. BIRTHPLACK dity or town Bel Our Trus	
4 14. BIRTHPLACE City or town 3 Bal Our mus	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME From Flowers 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Charle of Country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT LOCA FUELLING (Address) Bulling, Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Atome Care Date Lov 11, 1921	Nature of injury
19. UNDERTAKER The Jathon	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20, FILED Nov 29 1932 NE Kishandson	(Signed) Willard B. Mildon M. D.
Registrar.	(Address) Four Aut The

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy 7861 9 030	1 week ago
Chronic interstitiol nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

MRITE PLAINLY, MITH UNFADING INK-THIS IS A PERMANEAUT RECORD. Every item of Anformation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDIN N. B. WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9300 12050
county Hartord, Near Everwell	Registration Dist. No. 180
Village or City beswell	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME William Dallan	1
C - 0.0	×
(a) Residence: No. Cuswell (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white (OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of unknown	22. HEREBY CERTIFY, That I attended deceased from
6-10 h 10/1	Jan. 1932, 10 Not 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on
72 1 14 1 day,hrs.	to have occurred on the date stated above, at
9 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Myo carditio acute facture
	Chrispia myoconditis: several hyears. 1
Mork was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Dato deceased last worked at this occupation (month and spent in this	
year) spent in this occupation and occupation 2.5	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	age
(State or country) Hartova 10 0 . Was	
13. NAME Wyn . Dallam	
13. NAME Won. Dallam 14. BIRTHPLACE (city or town) Baltimore City Md.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME & SERVINE & VETTER	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) fartord loverly for	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT O. Algani Callan.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace St / Way Date Date 193	Nature of injury
19. UNDERTAKER Howard K. Mc Cocuas & Son	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Mors 21, 19 32 Fred Morlok Local Resistrar.	(Signed) M. D. (Address) Blesser med.
	411 N. Charles Street, Baltimore, Requesting V. S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car 'S' A DVARDA	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		DEC 3 1635	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		12.476

AT RECORD. Every item of inforshould state Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. properly classified. FOR BINDIN FITH UNFADING INK-THIS IS A PERMAN See instructions on back of certificate. MARGIN RESERVED be AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. WRITE PENINLY, V. S. No. N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
County Harford lea	Registration Dist. No. 182
Village or City Poselan, and	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
/ _	death occurred in a norphial of institution, give its IVAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Catherine Killeher	Dunnigan
(a) Residence: No.	St. Wald.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Bay) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE ot Comments Comm	22. THEREBY CERTIFY. That I attended deceased from 1928, to 2007 7 , 19.82
6. DATE OF BERTH (month, day, and year) Sept 6 - 1844	
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3m. The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as tollows:
8 Trade protession or particular	Ciente myocardial feilure Date otonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaasad last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Suland (State or country)	Other Contributory Couses of Importance:
1 200	2
14. BIRTHPLACE (city or town) Iseland	Name of operation Data ot
(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Many "Unhuman" 16. BIRTHPLACE (city or town) Seland (State or country)	23. If death was dua to axternat causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Oliz abeth Dunging and (Address) Belan note	Specity whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place It I greaters Date Mar 10, 1932	Manner of injury
19. UNDERTAKER Dean Y Fastin (Address) Belan ma	24. Was disease or Injury In any way ralated to occupation of dacaased? It so, spacify (Signed) M. D.
20. FILED LOV 2 , 1992 MC Con and Registrar.	(Addrass) Bll dis Mil

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1		Example II	7
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	DEC 2 395	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	050 7 250	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	RECEIVED	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory of Gastroenteritis	causes of importance:	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDI

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
ZUTERTONEURTONEN ** V / L	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
	July 5,1927	Peritonitis	3 days ago
Octobrate nemoti mage			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

N. B.

of OCCUPA-

STATE OF	MARYLAND—CERTIFICATE OF DEATH	12058
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1. PLACE OF DEATH	97
County Harford, TITHIN CORPORA	Registration Dist. No. 185
Villago or City Dave de Grace,	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
() in cor of	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James W. Foster	<u></u>
(a) Residence: No. 1/4 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white withouse	1 67 m/cs 17 1932
5a, If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY that I ettended acceased from
m + 11-19119	1937, to 107 17 - 1957
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last/saw harmalive on 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated bove, at. 3. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
S Trade confession or activates	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and the country of the programment of the country of the c	Condition due to
5. Industry or business in which work was done, as SILK MILL,	The Rooms of
SAW MILL, BANK, etc.	Dell Ogg
10. Date deceased last worked et this occupation (month end year)	
A Li	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Luce Ce State (State or country)	fister A. D.
	by as - permans
E 30 1 4 4	
(State or country)	Name of operation Date of
	What test confirmed diagnosis?
E Plane A Line	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
Pioland Aligh	(Specify city or town, county and State)
17. INFORMANT (Address) Pare de Small 1911	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL / -	Manner of injury
Place augel Tell Date Nov., 19, 19.37	Nature of Injury
10 HADEDYAVED PROPERTY OF THE SERVICE OF THE SERVIC	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER LEMINAGE LEMINAGE COMMINGER (Addiess)	If so, specify
20 5450 Man. 19 .3268 1 /1 Jalo M. 9	(Signed) James 76 /Jay/ M.D.
20, FILED Registrar.	(Ardress). Ihm Dy Sion and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I		Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	iritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 5 1932	July 5,1927	Peritonitis	3 days ago
	THE STATE OF STREET			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

BINDIA

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i,	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BIRRAH V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	-19
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTEY. PHYSICIANS snound source. WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. N. B.-WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-0)
County Harford "ITMIN CORPONAT	Registration Dist. No. 165
Village or City Havredo Grace	No. Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city of town where death occurredyrsmos	
2. FULL NAME James Harris	
(a) Residence: No. 123 S. Washing to	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR, DIVORCED (write the word) Solution of the second of the s	21. DATE OF DEATH / 30 , 198 & (Year)
5a. If married, widowad, or diverged HUSBANO of (or) WIFE of Clegabeth Farris	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fil 20 18 19	Hast saw h 20 19 67; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 2 30 fm.
43 9 /0 1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trada profession or particular	Oate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	7
10. Date deceased last worked at this occupation (month and large 28 spant in this year)	
12. BIRTHPLACE (city or town) Harford Co	Other Contributory Causes of importance:
(State or country)	
13. NAME Lawson Varres	
13. NAME Lawson Trarris 14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an auropsy?
15. MAIOEN NAME Sussanna Brow	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME CLES Anna Brown 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of Injury
17. INFORMANT The Geo. Bond (Address) Very Pond Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Service Servic	Manner of injury
Walia With 11	Nature of Injury.
19. UNDERTAKER (Address) Havre de gerace, med	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Lec. 7, 1937 Graeles & Joley M. 2	(Signed) The Velence M. D. (Address) Harry of France M. D.
/ 1080001.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	di directori	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attock of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.			
Other contributory causes of importance:	است	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Land .	

ADDITIONAL SP.	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19056
1. PLACE OF DEATH	4
County Harford.	Registration Dist. No. 184
Village or City Casally (III	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James a Harvey	R
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
3 SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Oey) (Year)
5a. If married, widowed, or divorced HUSBANO of COL WIFE of Blig worth working	P. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) 00/- 16-1856	/I lest sew harmen alive on 12 2 3 1 1932 death is seld
7. AGE Years Months Cays If LESS than	to heve occurred on the date stated above, at 12 18
76 / 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
9 Trade profession or particular	Hymandili Hyful
Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at Oct. To. Date deceesed last worked at Oct. this occupation (month and oct.) Spent in this Spe	Cumor of duling
10. Date deceesed last worked at October 11. Total time (years) spent in this occupation (month and 1923 occupation 3/mm	γ
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country),	
# 13. NAME John Hawey	
13. NAME AM HAWLEY 14. BIRTHPLACE (city or town)	Neme of operation
(State of Country)	What test confirmed diegnosis?
15. MAIOEN NAME Sarah, Ellen Janes 16. BIRTHPLACE (city or town) (State or Appendix)	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT CAUCAL Harvey (Address) Cardy and	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Class Kedge Conf Date Nov. 26, 1932	Nature of Injury
19. UNDERTAKER With folder	24. Was disease or injury in any way releted to occupation of deceased?
(Address) Della M	If so, specify
20. FILED LOV. 25, 1932 De J. D. Robert	(Signed) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

RECORD. Every item of infor-PHYSICIANS Exact statement EXACTLY. A PERMANEAT properly classified. MARGIN RESERVED FOR BINDIN certificate. stated IS TH UNFADING INK-THIS of plnods CAUSE OF DEATH in plain terms, so that it may See instructions on back mation should be carefully supplied. TION is very important. -WRITE PLAINLY

V. S. No. 1

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should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(Us 2)	12057
County Harford	Registration Dist. No.	82
Village or City Water Vale	NoSt, f death occurred in a hospital or institution, give its NAME instead of street and	Ward
1/	ds. How long in U.S. if of foreign birth? yrs. Yrs. Yrs. Yrs. Yrs. If nonresident give city or town ar	mosds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Dey)	., 1932 (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Set 7 2 1919	22. I HEREBY CERTIFY, That I attende The Physician 19 10 to the saw his alive on 19	d deceased from
6. DATE OF BIRTH (month, day, and year) 3 - 869 7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 2Am.	, death is said
64 2 25 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	12.11
8. Trade, profassion, or particular kind of work dona, as SPINNER, House Wife SAWYER, BDDKKEEPER, atc.	Bronchist Preumonia	Date of onset
9. Industry or businass In which work was done, as SILK MILL, Quon home SAW MILL, BANK, atc.		
11. Total time (years) this occupation (month and year)		
12. BIRTHPLACE (city or town) Ellicoty Centry	Other Coutributory Causes of importance:	
(State or country) mad	Jose Tocke	840
13. NAME Thomas & Dorsey		
13. NAME Momas & Dansey 14. BIRTHPLACE (city or town) (State or country) Howard of McC	Name of operation	
15. MAIDEN NAME Louise Mason (74 gord)	23. If death was due to axtarnal ceuses (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) Sefington (State or country)	Accidant, suicida, or homicide? Date of injury Whare did injury occur?	, 19
17. INFORMANT July H Hisgins (Address) Vale mad	(Specify city or town, county and S Specify whathar Injury occurrad in INDUSTRY, in HOME, or in PUBLIC I	tale) PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Wt. Olivet C. Date Dec. 1, 1932	Manner of injury	
19. UNDERTAKER Frederich Cole (Address) 1200 W. Lombout St Bell mice	24. Wes disaese or injury in any way related to occupation of deceased?	2 ot
20, FILED NOV. 29 1932, V. S. Chambers	(Signad) Wirginia & Chambers,	M. D.

Registrar.

(Addrass) __

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis C	3 days ago
		1990	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CHANGE OF SECOND NA E OF DECEASED authorized by Mrs. M. E. Caskey (Daughter), in this office 12/20/32 BURTAU V.J.

MARGIN RESERVED FOR BINDIN

1. PLACE OF DEATH		THE CERTIFICATE OF BEATH 12058
County Larlows	ALTEIN CORPORT	Registration Dist. No. 185
Village or City / Valure	de - Grace	" Nash +
	(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidenca in city or town where	death occurredyrsmos	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Nave	d Ison	***********
(a) Residence: No. Bel (cir, md.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male while	Unknown	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of		22. , I HEREBY CERTIFY, That , lettended decaased from
(or) WIFE of	0	1/ /1/ 1932, to // 27 1932
6. DATE OF BIRTH (month, day, and year)	Sept 18-1861	I last saw him aliva on 27th 1932 deeth is seid
7. AGE Yaars Months	Deys If LESS than	to have occurred on the date stated above, at 130 A.m.
71 20	9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	PP	Change let etite & Mellitia Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Laborer	Marca ditio
9. Industry or business in which work was dona, as SILK MILL.		the state of the s
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	1 11 Total time (verse)	Milial regurgilation
this occupation (month and year)	11. Total time (years) spent in this occupation	0 0
year)	ocsu pation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Carelland	Meninger Aribation
	cargiana	but to a fall
13. NAME Ignalique	span	D
13. NAME Ignation 14. BIRTHPLACE (city or town). Bel	an	Name of operation Data of
(State or equantry)	1 ra	What test confirmed diegnosis? Was there an autopsy? Ag-
15. MAIDEN NAME Mary	me creswell	23. If death was due to axternal causas (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Bel air	Accident, suicide, or homicide? Data of injury, 19
(Stete or country)	I ha.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Davie de Le	ace Hospital	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Have de Se 18. BURIAL, CREMATION, OR REMOYAL	ace, mr.	
Place mt. zion lew.	Date Nov. 29 1932	Manner of injury
	0.	Nature of Injury
19. UNDERTAKER harles 6.	Drass	24. Wes disease or Injury In any wey related to occupation of deceased?
(Address) Denson	mr.	If so, specify
20. FILED 1 20. 28, 1932 Cha	eles J. Soley M.D.	(Signed) M. D.
	Registrar.	(Address) France De Grace
If more	Dianks are needed, wildress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 5 1932	1. 1		
Other contributory causes of importance: V. S		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Hem of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(NO:2)
County Hartay MITELE SOUPOR	Registration Dist. No. 185
Village or City Varedelbrace.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James F. Kohler.	
(a) Residence: No. Muion areund	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waic the word) 8a If married widowed or divorced	21. DATE OF DEATH (Month) (Day) , 198 2 2 (Year)
Va. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19.32, to NOV 28 19.32
6. DATE OF BIRTH (month, day, and year) Trov. 27 - 1932.	I last saw hund alive on NOV 28 , 19.3 4 death is said
7. AGE Years Months Days If LESS than 1 day, 5 hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Probably Cerrebral
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	hemonhage at trath
year) occupation 12. BIRTHPLACE (city or town) House de Surace (State or country)	Other Contributory Causes of importance:
1 10 10 11 11 11	
13. NAME Flederick C. A ONLI 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an eutopsy?
E 15. MAIOEN NAME LILLY M LLANGS	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) [17] (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Mus. Junes V. David. (Address) Lave de Israce, 2008	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, er in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place A STATE OF THE Date Nov. 28, 1932	Manner of Injury
19. UNDERTAKER Teleston toutour. (Address) The Israea, rud;	24. Wes disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Mer. 28, 1032 Charles J. Folly M. D. J. Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BIND

FOR

RESERVED

MARGIN

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

FOR BINDIN

MARGIN RESERVED

1. PLACE OF DEATH	(93-0)
County Averford	Registration Dist. No. 182
Village or City Co, Home my	Blal Clis St. Ward
(16	death occurred in a hospital or institution, give its NAME instead of street and number)
0 0 007	ds. How long in U. S. if of foreign birth?yrsmos,ds.
2. FULL NAME Samuel meddlel	ou
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH KOV 1
5a If married widowed or diversed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
(SI) III E SI	Jan / 1930, to 201/ 1932
6. DATE OF BIRTH (month, day, and year) Micknows	I (ast saw here elive on OCT 26 1937 death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Chrowe myocardial!
9. Industry or business in which work was done, as SILK MILL,	Disease
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	V
this occupation (month and spent in this occupation occupation	
7.00 at =	Dther Contributory Causes of importances
12. BIRTHPLACE (city or town) Author (State or country)	Bronchial asthma
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Cart Hilly partick	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place of Torre Date 2, 1932	Nature of injury
Stornber Partilans	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER AND THE CONTROL (Address)	If so, specify
Mach as he of	(Signed) Willard (P. Alldson M.D.
20. FILED	(Address) Forest Hell and

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
77 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12062
1. PLACE OF DEATH	
County Marford	Registration Dist. No. 1 & C
Village or City Joppe	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2 FILL NAME MANY CICAL MIN	4.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH W 4 (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERT1FY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) New 4-3 Z	I last saw h alive on 19; death is said
7. AGE Years Months Days If LESS than 1 day,	The Fallows or DEATH and letated causes of importance
8 Trade profession or particular	Dete of onset
kind of work done, as SPINNER, August SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) SAWYER, BOOKKEEPER, etc 11. Total time (years) spent in this occupation.	Me Hoos 4 mo
12. BIRTHPLACE (city or town) State or country)	Other Contributory Causes of importance:
13. NAME JULY MUJE 14. BIRTHPLACE (city or town)	
(State of Country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CICLOS WOODS	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CLEAR WOODS 16. BIRTHPLACE (city or town) - Durgue (State or country)	Accident, suicide, or homicide? Dete of Injury, 19 Where did injury occur?
17. INFORMANT Cheles Type Med (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place foffe Mid Date 22. 1932	Menner of injury
19. UNDERTAKER folia 19 Nye (Address)	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Mor. 5 , 1932 Held Clearlook. Registrar.	(Signed) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. 'Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. stated EXACTLY. PHYSICIANS Exact statement properly classified. FOR BINDIN IION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.-WRITE PLAINLY.

should state

County. PROCE OF DEATH County Village or City Unity Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City Langth of residence in city or fown where deapl-occurred. Village or City or City Langth of residence in city or fown where deapl-occurred in the deap occurred in the country. Village or City or town. Village or City or town. Vi	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12063
Village or City	1. PLACE OF DEATH	
Langth of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME. (a) Residence: No.	County	Registration Dist. No. 180
Length of residence in city or town where death occurred yrs. mos. ds. New long in U.S. if of foreign birth? 2. FULL NAME (a) Residence: No.	Village or City Edg Eword	
(a) Residence: No.	Length of residence in city or town where death occurredyrsmos.	
PERSONAL AND STATISTICAL PARTICULARS J. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (spire the word) Ordo WIFE of S. II married, widowed, or divorced HUSSAND OF BIRTH (month, day, and year) S. Trade, profession, or particular Sind of work down, as SIK MILL, North work was done, as SIK MILL, SAW MILL, BAN, etc. Date of seesed last worked at The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of seesed last worked at The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of sense What lest confirmed diagnosis? What lest confirmed diagnosis? Date of sense Date of sense Date of sense Date of sense What lest confirmed diagnosis? Date of sense Date of sense Date of sense Date of sense Specify whether injury occurred in NDUSTRY, in NDME, or in PUBLIC PLAKE. (Address) Date of sense Address) Date of sense Address Date of sense Manner of operation. Specify whether injury occurred in NDUSTRY, in NDME, or in PUBLIC PLAKE. (Address) Date of sense Where of injury. Related to pequation of deceased? Manner of injury. Related to pequation of deceased? Manner of injury in any way related to pequation of deceased? Address Date of injury in any way related to pequation of deceased? Address Date of injury in any way related to pequation of deceased? Address Date of injury in any way related to pequation of deceased? Date of injury in any way related to pequation of deceased? Control of the public place of injury in any way related to pequation of deceased? Date of injury in any way related to pequation of deceased? Date of injury in any way related to pequation of deceased? Control of the public place of the public pl	Edut wood	
3. SEX Walk Walk Walk Wildown So. Himparied, widowed, or divorced HUSAND (Worth) (Worth) Walk Wildown	(a) Residence: No.	St., Ward. If nonresident give city or town and State
Sa. If married, victowed, or divorced HUSBAND (Month) (Day) (Year) 5a. If married, victowed, or divorced HUSBAND (World) (Month) (Day) (Year) 6. DATE OF BIRTH (month, day, and year) (Mov 29 - 3 Z) 7. AGE Years Months Deys Illess than Iday hrs. or min, hrs. or mi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of (or) WI	OR DIVORCED (Write the word)	100 70 193 Z
S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than 1 day, hrs. or min. 1 day, hrs. or min. 8. Trade, profession, or particular said to have occurred on the date stated above, at. m. The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as follows: Date of oneset Bind of work done, es SPINNER, SAMYER, BOOKKEPER, etc. min. 1. Industry or business in which the SAW MILL, BANK, atc.	HUSBAND of	
7. AGE Years Months Deys II LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, eas PINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 11. Date deceased last worked at this occupation month and year) 12. BIRTHPLACE (city or town) Adapty Level (State or country) 14. BIRTHPLACE (city or town) Adapty Level (State or country) 15. MAIDEN NAME MANAE	6 DATE OF BIRTH (month, day and year) Thory 28 - 32	
3. Trade, profession, or particular kind of work done, as SPINNER, SWAYER, BOKKEPER, etc. 1. Industry or business in which worked at this occupation (month and percent) 1. Burther deceased last worked at this occupation (month and percent) 1. Burther deceased last worked at this occupation (month and percent) 1. Burther deceased last worked at this occupation (month and percent) 1. Burther deceased last worked at this occupation (month and percent) 1. Burther deceased last worked at this occupation (State or country) 1. Burther deceased last worked at this occupation (State or country) 1. Burther deceased last worked at this occupation (State or country) 1. Burther deceased last worked at this occupation (State or country) 1. Burther deceased last worked at this occupation (State or country) 1. Burther deceased last worked at this occupation (State or country) 1. Industry or town, was there an autopay? 2. If death wes due to external causes (VIDLENCE) fill in also the following: 1. Industry or town, country and State) 2. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE 2. Was disease or Injury in any way related to popupation of deceased? 1. Industry or town, country and State) 2. Was disease or Injury in any way related to popupation of deceased? 1. Manner of injury. 1. Nature of injury in any way related to popupation of deceased? 1. Manner of injury. 1. Nature of injury. 2. Was disease or Injury in any way related to popupation of deceased? 2. Was disease or Injury in any way related to popupation of deceased? 2. Was disease or Injury in any way related to popupation of deceased? 3. Manner of injury. 3. Manner of injury. 4. Was disease or Injury in any way related to popupation of deceased? 4. Was diseased	7. AGE Years Months Deys II LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes opimportance
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDVAL Plece Lagewood Date The Costributory Causes of Importance: Other Costributory Name of operation Other Costributory What test confirmed diagnosis? Was there an aulopsy? 23. If death wes due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Opate of injury Opate of injury occurr? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE (Address) Name of operation Opate of injury Opate of injury Nature of in	8 Trade profession or particular	Date of onset
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDVAL Plece Lagewood Date The Costributory Causes of Importance: Other Costributory Name of operation Other Costributory What test confirmed diagnosis? Was there an aulopsy? 23. If death wes due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Opate of injury Opate of injury occurr? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE (Address) Name of operation Opate of injury Opate of injury Nature of in	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Atil Born
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATIDN, DR REMDVAL Plece Edgeword Date Two 22, 1932 19. Whotered in injury Name of operation What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury 19. Whotered in injury in any way related to pogupation of deceased? 16. Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATIDN, DR REMDVAL Plece Edgeword Date Two 22, 1932 19. WNDERTAKER Harold O awald (Address) 19. Was disease or Injury in any way related to pogupation of deceased? 16. So, specify Nature of injury Nature of injury (Signed) M. D. M. D.		Other Contributory Causes of Importance:
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Plece Edgewood Date 722, 1932 19. UNDERTAKER (Address) (Signed) (Signed) Mass there an autopsy? 20. FILED Mass there an autopsy? 21. If death wes due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Nature of injury Nature of injury 19. UNDERTAKER (Signed) M. D.	(State or country)	
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Plece Edgewood Date 722, 1932 19. UNDERTAKER (Address) (Signed) (Signed) Mass there an autopsy? 20. FILED Mass there an autopsy? 21. If death wes due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Nature of injury Nature of injury 19. UNDERTAKER (Signed) M. D.	13. NAME PLEM OF SELVERO	
17. INFORMANT Mileled Oswald Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Edgewood Date 725, 1932 19. UNDERTAKER Harold Oswald Sisses or Injury in any way related to occupation of deceased? (Address) 24. Was disease or Injury in any way related to occupation of deceased? (Address) 25. FILED Marial 19. 32 Three of Injury in any way related to occupation of deceased? (Signed) M. D.	(State of Country)	
17. INFORMANT Mileled Oswald Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Edgewood Date 725, 1932 19. UNDERTAKER Harold Oswald Sisses or Injury in any way related to occupation of deceased? (Address) 24. Was disease or Injury in any way related to occupation of deceased? (Address) 25. FILED Marial 19. 32 Three of Injury in any way related to occupation of deceased? (Signed) M. D.	15. MAIDEN NAME MISSING MY CIX	23. If death wes due to external causes (VIDLENCE) fill In also the following:
17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Plece Edgewood Date 720, 1932 19. UNDERTAKER Harold Oswald (Address) 24. Was disease or Injury in any way related to occupation of deceased? 26. FILED Marit 1932 Total Alborian (Signed) 27. INFORMANT (Address) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Manner of injury Nature of injury (Signed) (Signed) M. D.	16. BIRTHPLACE (city or town) Manual Control (State or country)	Where did injury occur?
Plece Edgewood Date 785 23, 1932 19. UNDERTAKER Harold Oswald (Address) Edgewood ma 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed)	6 1 - 6 1	Specify whether injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Edgewood md If so, specify March 1800. M. D. (Signed) (Signed) M. D.		
20. FILED Nov. 21 , 19 32 Fred Morlok (Signed) Wall 100 100 M. D.	10. OHOLHIMAL	
		(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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* Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis RIJETATI V S	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN LAINLY,

	_
	RITE
No. 1	B.—W
× ×	N. H

1. PLACE OF DEATH			
Village or City Eley Eword	No. Ct War		
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?		
2. FULL NAME OSWald			
(a) Residence: No. Edg Ewood (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (while the word)	21. DATE OF DEATH MAY 20 . 193 Z (Month) (Day) (Year)		
5a. It married, widowed, or divorced HUSBAND ot (or) WIFE of	22. I HEREBY CERTIFY, That I allended deceased fro		
	, 19, to, 19, 19		
6. DATE OF BIRTH (month, day, and year) Nov 24 - 3 2	l last saw h alive_on, 19; death is sa		
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated ebove, atm.		
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:		
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTIPLACE (city or town) Additional Control of the country of t	Other Contributory Causes of Importance:		
13. NAME Voused odivald			
13. NAME Variation Ostralo	Name of operation Date ot		
(State of County)	What test confirmed diagnosis? Was there an aulopsy?		
15. MAIDEN NAME MERCHANDS THE COX	23. If death was due to external causes (VIOLENCE) fill In also the following:		
15. MAIDEN NAME MARQUES 14. COX	Accident, suicide, or homicide?, 19,		
17. INFORMANT Heldird Oswalds (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Edgewood Date Nav 22, 1932	Nature of injury		
19. UNDERTAKER Harold Oswald	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED Mar. 21. 1932 Fred alborilak	(Signed) Mayer town Lag Eword M.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1 DEC 3 133	July 5,1927	Peritonitis	3 days ago
BURDAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or-	STATE OF MARYLAND	CERTIFICATE OF DEATH	16187
infor- state UPA-	1. PLACE OF DEATH	M-a	1
orld ould	County Harford	Registration Dist. No.	5]
item of should of OCC	Village or City Rock Run	NoSt.,	Ward
- S -	Length of residence in city or town where death occurred 20_yrsa.mos.	death occurred in a hospital or institution, give its NAME instead of street and n	number)
CORD, Every PHYSICIANS ct statement	2. FULL NAME Am. S. Parke	r	
. 1 4	(a) Residence; No.	St., Ward.	
RECORD PHYS Sxact sta	(Usual place of abode)	If nonresident give city or town and	State
RECO Fract	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 2/ (Year)
MANER A C T	58. La marked, or divorced HUSBAND of Emma P. Parker	1 HEREBY CERTIFY, That I attended of	deceased from
FOR BIND IS A PERMA stated E X A properly class certificate.	6. DATE OF BIRTH (month, day, and year) Culs 5. 1840 7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, and Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is said
- 70	8. Trade, profession, or perticular	He racture Anech!	Date of enset
ED be be be of	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Limmy 4	11-16-
K-T lould may back	work was done, as SILK MILL, SAW MILL, BANK, etc		
RESERVED G INK—THIS GE should be that it may be	O Date deceased last worked et this occupation (month and 19/X spent in this	my ocardius.	11-8-3.
REG I GE GE hat	O Date deceased last worked et this occupation (month and 19/8 spent in this occupation)		
Z	12. BIRTHPLACE (city or town), Rock Run	Other Contributory Causes of importence:	
MARGIN UNFADI supplied. n terms, so	(State or country) farford (5) Mid		
	14. BHRTHPLACE (city or town) A tarford Co 1		
07 = 1	(State or country)	Name of operation Date of	
1 1 2		What test confirmed diegnosis? Was there an ar	
PLAINLY, WTT hould be carefully OF DEATH in pla	16. BIRTHPLACE (city or town) Haryard Co.	23. If deeth was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	: 6 1931
AINLY, Id be car DEATH y import	State or country)	Where did injury occur? Hame Harford	d. lon
AIN d be DEA	17. INFORMANT Miss Hannah Parker	(Specify city of town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
E PLA should OF D	(Address) Havre De Grace, Md. R.F.D	Hame	
E S E S	18. BURIAL, CREMATION OR REMOVAL Com Date Nov. 21 1932	Manner of injury Hell on All	776
-WRITE mation s CAUSE TION is	H. d. Bail.	Nature of injury M Natelline July	fu
I EOF	19. UNDERTAKER (Address) 19 artimation . MMd	24. Was disease or injury in any wey related to occupation of deceased?	V
N. S. N. B.	20. FILED Mr. 19, 1922 Bertha B. Krught	(Signed) The Sallison	М. С
	Registrar.	(Address) fattling the	
	1) more blanks are needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requessing V. S. No. ft.	

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- 10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4-11

19. UNDERTAKER (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Village or City Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No: (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Davs or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... /-9 Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent In this occupation _____ 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVED Date 202 8 , 193

	Registration	Dist. No.	80
No		St.,	Ward
No. death occurred in a hospital o			
How long in U	.S. if of foreign birth?	yrs	_mosds.
mespy			
St., Ward.			
St., Walu.	II nonresiden	t give city or town	and State
MEDICA	AL CERTIFICATI	E OF DEATH	1
21. DATE OF DEA	TH		
	non	5-	193.2
	(Month)	(Day)	(Year)
22 1 HER	EBY CERTIF	Y That Latten	ied deceased from
ahril	, 19 5 2., to	nov 5	1932
I last saw hair alive			
			death is said
to have occurred on the da			
The PRINCIPAL CAUSE Of were as follows:	F DEATH and related caus	ses of importance	Date of onset
Gry	this seas	e	1952

Other Contributory Canses	of importance:		
Name of operation	me	Date of	ıf
What test confirmed diagno	and the	Wasthara	an autopsy?
23. If death was due to exter			•
Accident, suicide, or homic	ide?	Date of injury	, 19
Where did injury occur?	/C 1		C
Specify whether injury occu	arred in INDUSTRY, In H	r town, county and OME, or in PUBLIC	PLACE.
Manner of injury	one		
U.S. C.	A		
Nature of injury			0 - 1
24. Was disease or injury in	any way related to occup	pation of deceased?	no
If so, specify			
(Signed) Ona	ser of The	now	M. D
(Address)	Husel B	and	199

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	H	Example II	2.76.0
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and relation importance were as follows:	ted causes Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Casa /	3 days ago
		Lambellan agranas es	and the second section of the section of the second section of the section of the second section of the section of th
Other contributory causes of importance:		Other contributory causes of important	ce:
Gallstones .	May 1,1923	Gastroenteritis	1 year

If nonresident give city or town and State ERTIFY, That I attended deceased from Date of onset (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BEC 6 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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FOR BINDIN

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH 12068			
1. PLACE OF DEATH	(95-E)		
County Harford	Registration Dist. No. 184		
Village or City Whiteford P.O.	ND. St., Ward		
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?yrsmosds.		
2. FULL NAME Mardaret sin	ngirs		
(a) Residence: No. whilefood and	St. Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
J. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from 182 to correct 1932		
5. DATE OF BIRTH (month, day, and year)	I last saw her alive on over 16 1832; death is said		
AGE Years Months Days If LESS than	to have occurred on the dete stated above, at		
avour brown land, it day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:		
8. Trede, profession, or particular kind of work done, as SPINNER,	agame Heart dean		
SAWYER, BDDKKEEPER, etc.			
work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Dete deceesed last worked et this occupation (month and spent in this			
year) occupation	Other Contributory Causes of Importance:		
(State or country)			
13. NAME Alleni			
14. BIRTHPLACE (city or town) door know	Name of operation		
(State or country)	Whet test confirmed diagnosis? Johnson Was there an autopsy?		
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19		
Al. Simon Delovis 11.	(Specify city or town, county and State)		
17. INFORMANT (Address) White of Med.	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury		
Place Date , 19	Nature of injury		
19. UNDERTAKER	24. Was disease or Injury in any way releted to occupation of deceased?		
20, FILED NOV. 26, 1932 JO Jos Mr Millo	(Signed) takas of anoth M.D. (Address) Stad of Man		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE O	F MARYLAND—	CERTIFICATE OF DEATH 12	059
1. PLACE OF DEATH)		2 5
County Harford	/	Registration Dist. No. 18	3
Village or City Pocker	4	NoSt.,	Ward
Length of residence in city or town where d	/ /	f death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME abrah	am Rutted	52 Havebury	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male Nucle	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sov 50 (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cordelia M	c Comas Stans	22. I HEREBY CERTIFY, That I attended of	, 1952
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	me 14 /826	930A	; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
8. Trade profession or particular	Tolorer	were as follows: Influenza + Broncho	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	y Farm		
10. Oato deceased last worked at this occupation (month and 1930)	11. Total time (years) spent in this occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Horfold (State or country)	co ma	Unit Continued Causes of Importance.	
II 13. NAME Tobias St	insbury		
13. NAME / bias Slate 14. BIRTHPLACE (city or town) Slate (State or country)	fork Es	Name of operation Date of What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME amanda	Ruttedge	23. If death was due to external causes (VIOL ENCE) fill In also the following	
16. BIRTHPLACE (city or town) (State or country)	at co mo.	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Cordelea. (Address) Rock	Standbury	(Specify city or lown, county and State Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLA	
18. BURIAL, CREMATION, OR REMOVAL Place States	Oate) 4 3 15 3 5	Manner of injury	
19. UNDERTAKER STEERS (Address) Joseph	you tartle mad	24. Was disease or injury in any way related to occupation of deceased?	nd
20. FILEO Dec. 3, 1932 Th	mas R. Brown Registrar.	(Signed) Charles Due 1 3 Oval	M. D.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis S A H & H & H & H	3 days ago
		DEC 3 1055	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		a octobrano figurario di	

WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. properly classified. MARGIN RESERVED FOR BINDIN certificate. be AGE should be je CAUSE OF DEATH in plain terms, so that it may See instructions on back mation should be carefully supplied. TION is very important. N. B.-WRITE PLAINLY,

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12071
County Harris	Registration Dist. No. 184
Village or City Cardiff	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No.	St. Ward.
(Usual place of abode)	St., Ward. Il nonrerident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (periet the word) 5a. If marriad, widowad or divorced	21. DATE OF DEATH Nov. 9, 193 2 (Month) (Oey) (Year)
HUSBAND of Gord Williams	22. I HEREBY CERTIFY, That I attended decased from Nov. 14. 1931, to Nov. 9, 1932
6. DATE OF BIRTH (month, day, and year) Wy 1- 18/8	I last saw him aliva on Nov. 7, 193 2; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, av. 2.3.1 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Carinous of stonesh
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and the spent in this sec	0
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 26	Other Cantributary Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME W- or Williams	
14. BIRTHPLACE (city or town) - A College	Name of operation
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?_ Zea
15. MAIDEN NAME MAGNET JONES 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mo Cora William (Address) (State or country) (Address) (Address)	Whare did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR SEMONAL CONTY, 1932	Mennar of Injury
19. UNOERTAKER OWHALLES (Addisss)	24. Was disease or Injury In any wey related to occupetion of deceasad? If so, spacify
20. FILED. 205. 11, 1932. J. J. S. M.C. (all)	(Signed) Of E. Arthur M.D. (Address) Cardiff Med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year

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1	BURHAU V. 3			
	2 42			
Other contributory cause	s of importance:		Other contributory causes of importance:	
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